

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034313

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 47

FILED OCT 10 1962

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hermann		Length of stay in 1b 39 yrs	c. CITY OR TOWN Hermann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 130 E. Second St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 130 E. Second St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARTIN Middle FRANK Last KAPPELMANN			4. DATE OF DEATH Month Sept Day 25 Year 1962		
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1/1892	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) New Haven, Mo	
12. CITIZEN OF WHAT COUNTRY U. S.					

13a. FATHER'S NAME Fred Kappelmann		13b. MOTHER'S MAIDEN NAME Susan Schengbier		14. NAME OF HUSBAND OR WIFE Malie Kappelmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. M. F. Kappelmann, Hermann, Mo		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death probably due to ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:45 a.m. p.m. Month, Day, Year Sept. 1949	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hermann	COUNTY Missouri STATE Mo

21. I attended the deceased from Sept. 1949 to Sept. 1962 and last saw him 9-4-62 Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Carroll T. Shaw, M.D.		22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 9-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/27/62	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) Hermann	(State) Mo

24. FUNERAL DIRECTOR Herman Blumer Inc		ADDRESS Hermann, Mo	25. DATE RECD. BY LOCAL REG. 9-26-62	26. REGISTRAR'S SIGNATURE Delma Uffelman
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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OCT 17 1962

NOV 20 1962

DEC 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Roger W. Blumer

Licensed Embalmer No. 5055

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.